

COUNTY OF PLACER

Community Development Resource Agency

BUILDING

ACCESSIBILITY WORKSHEET FOR NONRESIDENTIAL BUILDINGS

CBC §1134B

Job Address			Date	
Pei	rmit Valuation: \$	P.C. No	APN	CBC Occupancy
Ow	ner		Applicant	
1.	Total cost of construct	tion (see note be	low):\$	
	Ground or elevator flo	or \$	Basement \$	Other floors \$
No	involving placement this code, such as pa area, such as compu purposes of accessil affect the usability of cost" does not inclu- exception is to exclu	of switches and re ainting, equipment iter terminals, offic bility for persons w f the building or fac de building permit ide projects from a	ceptacles, cosmetic work not considered to be a pa e equipment, etc., are not rith disabilities and shall r cility. For the purposes of fees or discretionary pern	ng, reroofing, electrical work not that does not affect items regulated by art of the architecture of the building or considered alteration projects for the not be subject to this code unless they if this section, the term "construction nit fees. The only purpose of this if this section. The exceptions are not be provisions of this code.
2.	Total cost of construct	tion of any altera	tions within the previou	is 3 years (see note above):
3.	Total Cost (add costs		:	
4.	When the Total Cost e building elements ther	xceeds \$136,060. n <u>must fully com</u> r a path-of-travel, d	oly with the regulations	ccurs on an accessible floor, certain These building elements include nd public telephones or drinking
5.	When the Total Cost exceeds \$136,060.00 and the alteration occurs on the floor above or below ground floor of a non-elevator building, upgrading certain building elements is limited to twent percent of the total cost of construction. Priority should be given to obtaining compliance with regulations in the following order: the parking and primary entrance, a path-of-travel, one set or restrooms, public telephones and drinking fountains (if any). When possible, provide compliant for additional parking, storage, and alarms. Twenty percent of the total cost of construction is:		ding elements is limited to twenty ven to obtaining compliance with the trance, a path-of-travel, one set of When possible, provide compliance	
6.	alterations upgrading construction. Priority following order: the patelephones and drinking	certain building e should be given Irking and priman ng fountains (if a	elements is limited to tw to obtaining compliand y entrance, a path-of-tr	nd floor and/or non-accessible floor venty percent of the total cost of ce with the regulations in the avel, one set of restrooms, public ovide compliance for additional of construction is:

Cost Table

Fill in COSTS column of the table with dollar amounts for those features that require upgrades. Follow the order shown and continue until the total equals or exceeds the amount from line 5 or 6 above. If an item causes the total amount to exceed the amount from line 5 or 6 of the worksheet, you may eliminate that item. If you eliminate an item consider other items in its place. Your final total should be approximately equal to or greater than the amount from line 5 or 6 above. Department staff will review and approve the cost table.

Amount from Line 5 or 6 of the worksheet	t \$
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1 F/P	PRIMARY ENTRANCE TO REMODELED AREA	COSTS
.,,	DOOR	
	A. Change of door	
	B. Threshold	
	C. Hardware	
	D. Kick Plate	
	E. Strike side clearance	
	F. Other (specify)	
	_ 1	
	2	
	SIGNS AND IDENTIFICATION	
	G. Sign at building entrance	
	H. Sign in building lobby	
	I. Other (specify)	
	- <u>1</u>	
	_	
	Cultotal	•
	Subtotal	\$
2 F/P	PATH OF TRAVEL	COSTS
F/F	CHANGE OF ELEVATION(S)	
	· ,	
	A. Ramps	
	B. Lifts C. Elevators	
	D. Other (specify)	
	1	
	2	
	DOORS	
	E. Change of door	
	F. Threshold	
	G. HardwareH. Kick Plate	
	I. Strike side clearance	
	J. Signs and Identification (Braille)	
	K. Other (specify)	
	, , , , , , , , , , , , , , , , , , , ,	
	_ 1	
	1. 2.	
	2	
		\$

3 F/P	RESTROOMS SERVING REMODELED AREA	COSTS
	A. Enlarge restroom	
	B. Enlarge door(s)	
	C. Strike side clearance	
	D. Door Symbols	
	E. Signs and Identification (Braille)	
	F. Replacement or relocation of fixture (specify) 1	
	2	
	3 4	
	5	
	6	
	G. Replacement or Relocation of accessories (specify) 1 2 3 4 5 6	
	H. Grab bars (bars and backing)	
	I. Other (specify) 1. 2. 3. 4. 5. 6.	
	Subtotal	\$

4 F/P	PUBLIC TELEPHONES		COSTS
	_ A		
	В		
	_ D		
	Subtotal		\$
5 F/P	DRINKING FOUNTAINS		COSTS
	A. Replace drinking fountain		
	B. Relocate existing drinking fountain		
	C. Provide alcove		
	_ D. Add wing walls and/or floor treatment _		
	E. Other (specify)		
	_		
	3		
	Subtotal		\$
6 F/P	PARKING, STORAGE, ALARMS		соѕтѕ
	_ A		
	_ B		
	_ c		
	_ D		
	Subtotal		\$
F:	= Fully complying		P = Partially complying
			1 = 1 arriany complying
_		Name:	
	/ signing this document: gree to complete the accessibility upgrade		
	ens listed above	Address:	
an	d / or		
Ce	ertify that the existing building area of	License #:	

alteration, path of travel to area of alteration and facilities serving the area of alteration are barrier free & compliant with CBC §11B

or Stamp & Sign in space provided